

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Gayle M. Peterson**

Mailing Address 20 Sargent St

City

Melrose

State

MA

Zip Code

02176-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MGH

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.70

Date of Receipt

05 / 01 / 2015

**Transaction ID : A48868C5EB5A14B74B98**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. Robin Schaeffer**

Mailing Address 7438 E Knowles Ave

City

Mesa

State

AZ

Zip Code

85209-6211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARIZONA NURSES ASSOCIATION

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 14 / 2015

**Transaction ID : A05427D9D10664025BF0**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Judith Schmidt**

Mailing Address 1007 English Ln

City

Toms River

State

NJ

Zip Code

08753-3360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Medical Ctr

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2015

**Transaction ID : AC3B266DECA404509828**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

758.34